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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

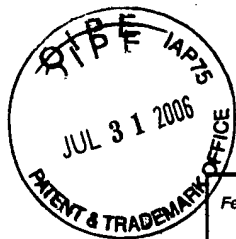
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/812,776	
	Filing Date	March 29, 2004	
	First Named Inventor	David Muir	
	Art Unit	1651	
	Examiner Name	V. Afremova	
Total Number of Pages in This Submission	28	Attorney Docket Number	AXO-003C1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Receipt Postcard - Amendment Transmittal - Certification of 1st Class Mailing
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Daniel A. Wilson		
Date	July 25, 2006	Reg. No.	45,508



PTO/SB/17 (01-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 690.00**Complete if Known**

Application Number	10/812,776 -Conf.#4996
Filing Date	March 29, 2004
First Named Inventor	David Muir
Examiner Name	V. Afremova
Art Unit	1651
Attorney Docket No.	AXO-003C1

**METHOD OF PAYMENT** (check all that apply)☒ Checks ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: 07-1700 Deposit Account Name: Goodwin Procter LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
115	- 115	0	x 25.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	- 5	0	x 100.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

<u>Multiple Dependent Claims</u>
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	Extension of reply within third month	510.00
	Submission of an Information Disclosure Statement	180.00

**SUBMITTED BY**

Signature	<i>Daniel A. Wilson</i>	Registration No. (Attorney/Agent)	45,508	Telephone	(617)570-1809
Name (Print/Type)	Daniel A. Wilson	Date	July 25, 2006		

LIBC/2812079.1



Application No. (if known): 10/812,776

Attorney Docket No.: AXO-003C1

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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- Transmittal Form (1 page);
- Fee Transmittal (1 page);
- Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
- Amendment and Response to Non-Final Office Action (20 pages);
- Amendment Transmittal (1 page);
- IDS (Citation) by Applicant (1 Reference) (1 page);
- Information Disclosure Statement (2 pages);
- Check in the amount of \$240.00;
- Check in the amount of \$450.00; and
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